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Docket No. 701039-052584-CIP

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ronit Satchi-Fainaro et al.
Serial No.: 10/783,986 Group No.: 1624
Filed: February 19, 2004 Examiner: BALASUBRAMANIAN, V.
For: TNP470 SPECIES, POLYMER CONJUGATES AND USE THEREOF

CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed), is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date

4/29/05

Nicole M. Aguirre

(type or print name of person mailing paper)

(signature of person mailing paper)

RESPONSE UNDER
37 C.F.R. 1.312
EXAMINING GROUP
1624

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT AFTER ALLOWANCE
(37 C.F.R. §1.312)

Applicants submit herewith an Amendment After Notice of Allowance. Applicants further enclose the requisite Petition Fee for \$130.00 in connection with the Amendment After Notice of Allowance.

Amendment to the SPECIFICATION is presented on page 2.

Remarks are presented on page 3.

05/03/2005 TBESHAH2 00000025 10783986

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130.00 OP



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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form (1 pg.);
2. Letter Accompanying Amendment After Allowance (2 pp.);
3. Amendment After Allowance (3 pp.);
4. Fee Transmittal (1 pg.);
5. Check - \$130.00;
6. Return Receipt Postcard.

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Date: April 29, 2005

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Signature

Nicole M. Aguirre
(type or print name of person certifying)



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/783,986
Filing Date	February 19, 2004
First Named Inventor	Ronit Satchi-Fainaro
Art Unit	1624
Examiner Name	BALASUBRAMANIAN, V.
Attorney Docket Number	701039-052584-CIP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Amendment After Allowance; Letter Accompanying
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Amendment After Allowance; Check - \$130.00;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Certificate of Mailing; and Return Receipt Postcard.
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
	Confirmation No. 4358	
	The Commissioner is hereby authorized to charge any fee deficiency or credit any overpayment to the Nixon Peabody LLP Deposit Account No. 50-0850.	
	Please correspond to Customer No. 50828.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Nixon Peabody LLP		
Signature			
Printed name	David S. Resnick		
Date	4/29/05	Reg. No.	34,235

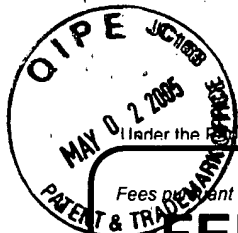
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Nicole M. Aguirre	Date	4/29/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/783,986
Filing Date	February 19, 2004
First Named Inventor	Ronit Satchi-Fainaro
Examiner Name	BALASUBRAMANIAN, V.
Art Unit	1624
Attorney Docket No.	701039-052584-CIP

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0850 Deposit Account Name: NIXON PEABODY LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x 125.00 = 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition Fee - 1.312 Amendment

Fees Paid (\$)

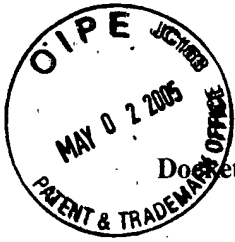
130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,235	Telephone	617-345-6057
Name (Print/Type)	David S. Resnick	Date	4/29/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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4/29/05
Date

Nicole M. Aguirre
(type or print name of person mailing paper)

Nicole M. Aguirre
(signature of person mailing paper)

RESPONSE UNDER
37 C.F.R. 1.312
EXAMINING GROUP
1624

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

LETTER ACCOMPANYING AMENDMENT AFTER ALLOWANCE
(37 C.F.R. § 1.312)

1. Please make the amendments shown in the attached papers in this application in the specification.
2. Type of amendment:

Correction of formal matters

As shown in the remarks of the attached paper, these (1) are needed for proper disclosure or protection of the invention and (2) require no substantial amount of additional work on the part of the PTO.

3. The issue fee has not been paid.

In re application of: Ronit Satchi-Fainaro et al.

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Group No.: 1624

Filed: February 19, 2004

Examiner: BALASUBRAMANIAN, V.

For: TNP470 SPECIES, POLYMER CONJUGATES AND USE THEREOF

4. Additional Fees

For any additional fees that may be required by the filing of this paper please charge the NIXON PEABODY LLP Deposit Account No. 50-0850.

Date: 4/29/05

Customer No. 50828

Respectfully submitted,



David S. Resnick (Reg. No. 34,235)

NIXON PEABODY LLP

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Boston, MA 02110

(617) 345-6057